

BEST AVAILABLE COPY

claims
1-244
all canceled

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 181978,637	FILING DATE		
4-28-81						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
2 51									
2 52									
2 53									
2 54									
2 55									
2 56									
2 57									
2 58									
2 59									
2 60		1							
2 61									
2 62		1							
2 63									
2 64		1							
2 65		1							
2 66									
2 67									
2 68		1							
2 69									
2 70		1							
2 71									
2 72		1							
2 73									
2 74									
2 75									
2 76									
2 77									
2 78									
2 79									
2 80									
2 81									
2 82									
2 83									
2 84		1							
2 85									
2 86		1							
2 87		1							
2 88		1							
2 89		1							
2 90		1							
2 91									
2 92									
2 93									
2 94									
2 95									
2 96		1							
2 97		1							
2 98		1							
2 99		1							
2 100									
TOTAL IND.	1								
TOTAL DEP.	3	↓	↓	↓	↓				
TOTAL CLAIMS	4								

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 08/918,637	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
303							3 51					
304							3 52					
305							3 53					
306							3 54					
307							3 55					
308							3 56					
309							3 57					
310							3 58					
311							3 59					
312							3 60					
313							3 61					
314							3 62					
315							3 63					
316							3 64					
317							3 65					
318							3 66					
319							3 67					
320							3 68					
321							3 69					
322							3 70					
323							3 71					
324							3 72					
325							3 73					
326							3 74					
327							3 75					
328							3 76					
329							3 77					
330							3 78					
331							3 79					
332							3 80					
333							3 81					
334							3 82					
335							3 83					
336							3 84					
337							3 85					
338							3 86					
339							3 87					
340							3 88					
341							3 89					
342							3 90					
343							3 91					
344							3 92					
345							3 93					
346							3 94					
347							3 95					
348							3 96					
349							3 97					
350							3 98					
TOTAL IND.	0						3 99					
TOTAL DEP.	18	↓	↓	↓	↓		400					
TOTAL CLAIMS	18						TOTAL IND.					
							TOTAL DEP.	↓	↓	↓	↓	
							TOTAL CLAIMS					